

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90368 043 ***163.75

DOCUMENT # P00000039229

1. Entity Name

OBKKOF MOTORS, INC.

Principal Place of Business

**3012 JOE JOHNS RD.
MIDDLEBURG FL 32068**

Mailing Address

**P.O. BOX 2908
ORANGE PARK FL 32067-2908**

2. Principal Place of Business

418 Kingsley AVENUE

3. Mailing Address

Suite, Apt. #, etc.

ONE

City & State

ORANGE PARK

City & State

4. FEI Number

59-3623814

Applied For

Not Applicable

Zip

32073

Country

CLAY

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ELLIS, ORLANDO A
2538 SANDLEWOOD CIR.
ORANGE PARK FL 32065**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)

☒

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution.

☒

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> Delete
NAME	ELLIS, ORLANDO	
STREET ADDRESS	3012 JOE JOHNS RD.	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	V	<input type="checkbox"/> Delete
NAME	ELLIS, BEATRIZ	
STREET ADDRESS	3012 JOE JOHNS RD.	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	418 Kingsley AVENUE - Suite 1	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	418 Kingsley AVENUE - Suite 1	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

(904) 276-7767

Daytime Phone #

CR2E034 (10/00)